



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Art Unit : 1647 Customer No.: 035811  
Examiner : Robert S. Landsman  
Serial No. : 09/704,319  
Filed : November 2, 2000  
Inventors : Hiroo Kumagai Docket No.: 1514-00  
          : Takao Saruta  
Title : METHOD FOR EXAMINING DISEASE Confirmation No.: 4918  
Dated: April 2, 2004

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

**Certificate of Mailing Under 37 CFR 1.8**

For

Postcard

Amendment Transmittal Letter, in duplicate  
Supplemental Amendment

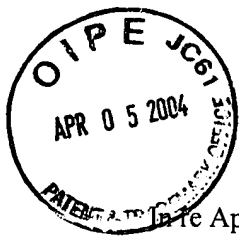
I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date appearing below.

Name of Applicant, Assignee, Applicant's Attorney  
or Registered Representative:

Piper Rudnick LLP  
Customer No. 035811

By: TR

Date: 2 APR 2004



Attorney Docket No.: 1514-00

In Re Application of Hiroo Kumagai et al.

Serial No.: 09/704,319

Filed: November 2, 2000

For: METHOD FOR EXAMINING DISEASE

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

☐ Small entity status of this application under 37 CFR §1.9 and §1.27 has been established.

☐ A verified statement to establish small entity status under 37 CFR §1.9 and §1.27 is enclosed.

☒ No additional fee is required.

The fee has been calculated as shown below:

(Col. 1) (Col. 2) (Col. 3)

SMALL ENTITY

OTHER THAN  
SMALL ENTITY

	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PRE- VIOUSLY PAID FOR	PRESENT EXTRA
TOTAL	* 5	-	** 20=	0
INDEP.	* 2	-	** 3=	0
___ First presentation of multiple dependent claim				

RATE	ADD'L FEE
x 9=	\$
x43=	\$
+145=	\$

OR

RATE	ADD'L FEE
x18=	\$
x86=	\$
+290=	\$

TOTAL ADDITIONAL FEE \$0 OR \$\_\_\_\_\_

\* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.


☐ Please charge my Deposit Account No. 50-2719 in the amount of \$\_\_\_\_\_.  
A duplicate copy of this sheet is enclosed.

☐ A check in the amount of \$\_\_\_\_\_ is attached.

☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-2719. A duplicate copy of this sheet is enclosed.

☒ Any filing fees under 37 CFR §1.16 for the presentation of extra claims.

☒ Any patent application processing fees under 37 CFR §1.17 with the exception of the Issue Fee which we intend to pay by check.

  
\_\_\_\_\_  
T. Daniel Christenbury  
Reg. No. 31,750  
Attorney for Applicants

TDC:lh  
(215)656-3381



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		Dated: April 2, 2004

**SUPPLEMENTAL AMENDMENT**

Commissioner for Patents  
P.O. Box 1450  
Washington, DC 20231

Sir:

This Supplemental Amendment was faxed to the Examiner's attention on March 31, 2004 and is being submitted by First Class Mail in confirmation.

In response to the Advisory Action dated February 4, 2004, Applicants amend the Application as follows: